## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notifica	tions.				o oon only be used for	domestic mailings of the
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Foc(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
25299	7590 08/22	/2006	E WO I have			
	IBM CORPORATION			Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
PO BOX 12195 DEPT YXSA, E		( AUG 2	9 2006 y State address trans	es Postal Service with sul essed to the Mail Stop smitted to the USPTO (57	ficient postage for firs ISSUE FEE address 1) 273-2885, on the de	t class mail in an envelope above, or being facsimile atc indicated below.
	NANGLE PARK, N	IC 27709 \Z		(Depositor's name)		
		G TRA	DEMARTI	_		(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
09/834,141 04/12/2001			Brian Mitchell Bass RAL920000016US2 1990			
TITLE OF INVENTION	N: METHOD AND SYST	EM FOR NETWORK PI	ROCESSOR SCHEDULIN	G BASED ON SERVICE	ELEVELS	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/22/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS			
PHUNKULH, BOB A		2616	370-413000			
1. Change of correspondence address or indication of "Fee Address" (3' CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (hadded 1/2666) the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent (1) 1937 are is listed, no name will be printed.  62 FC:1564  1 JOSCELYN G. Cockbu			
			THE PATENT (print or typ			
PLEASE NOTE: Un recordation as set for	aless an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignce pletion of this form is NO	data will appear on the part a substitute for filing an	atent. If an assignce is i assignment.	dentified below, the d	ocument has been filed for
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	and STATE OR COUN	TRY)	
Internati	owal Busin	vess Machin	Jes Corpora	tion, Ar	monk, Neu	york losut
Please check the approp	riate assignee category or	r categories (will not be p	rinted on the patent):	Individual Corporal	tion or other private gre	oup entity Government
4a. The following fec(s)  Issue Fee  Publication Fee (i)  Advance Order -	No small entity discount		ib. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number 091990 (enclose an extra copy of this form).			
	atus (from status indicate					
	ns SMALL ENTITY state			ger claiming SMALL EN		
		uired) will not be accepte ites Patent and Trademark		he applicant; a registered	attorney or agent; or th	ne assignee or other party in
Authorized Signature		. G. bod	6 burn	Date 08/2	8/2006	
Typed or printed man		G. Cockbu		Registration No.		
This collection of inforr an application. Confide submitting the complete	nation is required by 37 C ntiality is governed by 35 ed application form to the	CFR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain or r 1.14. This collection is est y depending upon the indiv	retain a benefit by the publimated to take 12 minute ridual case. Any commen	olic which is to file (and is to complete, including its on the amount of time	d by the USPTO to process) ag gathering, preparing, and me you require to complete

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.